

see letter

(Name and address of requesting agency)

Berlin Document Center,
U.S. Mission Berlin
APO 742, U.S. Forces

Date: 20.6.60

It is requested that your records on the following named person be checked:

Name: **BOEMANN, Wilhelm M.**

Place of birth: ?

Date of birth: ?

Occupation:

Present address:

Other information: **resided in Berlin 1937**

It is understood that the requested information will be supplied at cost to this organization, and that payment will be made when billing is received.

(Telephone No.)

(Signature)

(This space will be filled in by the Berlin Document Center)

	Pos.	Neg.		Pos.	Neg.		Pos.	Neg.
1. NSDAP Master File	___	___	7. SA	___	___	13. NS-Lehrerbund	___	___
2. Applications	___	___	8. OPG	___	___	14. NS-Aerztebund	___	___
3. PPK	___	___	9. RWZ	___	___	15. Party Census	___	___
4. SS Officers	___	___	10. EWZ	___	___	16.	___	___
5. RUSHA	___	___	11. Kulturkammer	___	___	17.	___	___
6. Other SS Records	___	___	12. Volksgerichtshof	___	___	18.	___	___

For explanation of abbreviations and terms, see other side.

more details needed

(100 file cards NSDAP)

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NAZI WAR CRIMES DISCLOSURE ACT
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